

State/Territory: NEW MEXICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☐ No limitations ☒ With limitations*

- 2.a. Outpatient hospital services.

Provided: ☐ No limitations ☒ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic and covered under the Plan.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and x-ray services.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 91-19 Approval Date JAN 15 1992 Effective Date OCT 1 1991
Supersedes
TN No. 91-11

HCFA ID: 7986E

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STATE	<u>New Mexico</u>
DATE REC'D	<u>DEC 17 1991</u>
DATE APP'D	<u>JAN 15 1992</u>
DATE EFF	<u>OCT 01 1991</u>
HCFA	<u>91-19</u>

A

Revision: HCFA-PM- 93-5 (MB)
MAY 1993

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- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
Provided: X No limitations With limitations*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- 4.c. Family planning services and supplies for individuals of child-bearing age.
Provided: No limitations X With limitations*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
Provided: No limitations X With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
Provided: No limitations X With limitations*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.
Provided: No limitations X With limitations*

* Description provided on attachment.

STATE <u>New Mexico</u>	A
DATE REC'D <u>JUL 01 1993</u>	
DATE APPVD <u>JUL 20 1993</u>	
DATE EFF <u>MAY 01 1993</u>	
HCFA 179 <u>93-10</u>	

TN No. 93-10
Superseded 93-01 Approval Date JUL 20 1993 Effective Date MAY 01 1993
TN No. 93-01

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

c. Chiropractors' services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of
limitations, if any.

☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health
agency or by a registered nurse when no home health agency exists in the
area.

Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the
home.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 91-10 Approval Date JAN 15 1992 Effective Date OCT 1 1991
Supersedes 89-10 page 2 Items 6 & 7c
TN No. 85-8 page 3 Items 6 & 7c HCFA ID: 7986E

STATE	<u>New Mexico</u>	A
DATE REC'D	<u>DEC 17 1991</u>	
DATE APP'D	<u>JAN 15 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 179	<u>91-19</u>	

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

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Supersedes
TN No. 85-8 page 3 items 7d-8 HCFA ID: 7986E

STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 17 1991</u>	
DATE APPV'D <u>JAN 15 1992</u>	
DATE EFF <u>OCT 1 1991</u>	
HCFA 179 <u>91-19</u>	

Revision: HCFA-PH-85-3 (BERC)
MAY 1985

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AMOUNT, DURATION AND SCOPE OF MEDICAL
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9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or
audiologist).

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

STATE	<i>New Mexico</i>	A
DATE REC'D	AUG 31 1989	
DATE APP'D	FEB 11 1991	
DATE EFF	JUL -1 1989	
HCFA 179	89-10	

*Description provided on attachment.

TN No.

Superseded

TN No. *85-15*

Approval Date _____

Effective Date _____

HCFA ID: 0069P/0002P

Amendment 85-3
T. L. 85-8
October 15, 1985

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

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AMOUNT, DURATION AND SCOPE OF MEDICAL
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12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Dentures.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Prosthetic devices.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Eyeglasses.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

TN No. 85-8
Supersedes
TN No. 74-2

Approval Date 1-30-86

STATE	<u>NM</u>
DATE REC'D	<u>12-31-85</u>
DATE APP'D	<u>1-30-86</u>
DATE EFF	<u>10-1-85</u>
HCFA 179	<u>85-8</u>

Effective Date 10-1-85

HCFA ID: 0069P/0002P

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b. Screening services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Preventive services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Rehabilitative services.

☐ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

b. Nursing facility services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

STATE	<i>New Jersey</i>	A
DATE REC'D	<i>6-9-93</i>	
DATE APPV'D	<i>10-22-93</i>	
DATE EFF	<i>4-1-93</i>	
HCFA 179	<i>93-08</i>	

*Description provided on attachment.

TN No. *93-08*
Supersedes
TN No. *90-23*
Approval Date: *10/22/93* Effective Date *04/01/93*

AMOUNT, DURATION AND SCOPE OF MEDICAL
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15. -Services in an intermediate care facility for the mentally retarded, as defined in section 1905(d), (other than in an institution for mental diseases) for individuals who are determined, in accordance with section 1902(a)(31)(A), to be in need of such care.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

*Description provided on attachment.

TN No. 90-23
Superseded
TN No. 89-10

Approval Date APR 25 1991

Effective Date OCT 1 1990

STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 31 1990</u>	
DATE APP'D <u>APR 25 1991</u>	
DATE EFF <u>OCT - 1 1990</u>	
HCFA 179 <u>90-23</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Mexico

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19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations

 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.

 Provided: With limitations*

 Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

 Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

X Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

STATE <u>New Mexico</u>	A
DATE REC'D <u>7-20-94</u>	
DATE APP'D <u>8-11-94</u>	
DATE EFF <u>7-1-94</u>	
HCFA 179 <u>94-08</u>	

TN No. 94-08

Superseded

TN No. 91-19

Approval Date 8/11/94

Effective Date 7/1/94

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24. Any other medical care and any other type of remedial care recognized
under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance
with a plan of treatment and provided by a qualified person,

☒ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

*Description provided on attachment.

TN No. 94-05

Supersedes

Approval Date 12-21-99

Effective Date 9-1-99

TN No. 91-19

HCFA ID: 7986E

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94-05

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State: NEW MEXICO

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26. Program of All-Inclusive Care for the Elderly (PACE) services, as described
27 and limited in Supplement 3 to Attachment 3.1-A.

X provided _____ not provided

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DATE REC'D <u>12-31-98</u>	
DATE A.C. <u>2-26-99</u>	
DATE L. <u>10-1-98</u>	
HCFA 177 <u>98-12</u>	

SUPERSEDES: NONE NEW PAGE